

### Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Title:: ANTIBACTERIAL AGENTS  
Attorney Docket Number:: PC32216A

### Inventor Information

Inventor Authority Type:: INVENTOR  
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Country of Residence:: USA  
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State or Province:: MI  
Postal or Zip Code:: 48176  
Country:: USA  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: UNITED STATES  
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Family Name:: STARR  
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State or Prov of Residence:: MI  
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City:: ANN ARBOR  
State or Province:: MI  
Postal or Zip Code:: 48105  
Country:: USA  
Inventor Authority Type:: INVENTOR  
Primary CitizenshipCountry:: NEW ZEALAND  
Given Name:: CHRISTOPHER  
Family Name:: RICHARDSON  
City of Residence:: REMUERA  
State or Prov of Residence:: AUCKLAND

Application Data Sheet  
PC32216A  
Androgen Modulators

Country of Residence:: NEW ZEALAND  
Street:: 3/78 WAIATARUA ROAD  
City:: REMUERA  
State or Province:: AUCKLAND  
Postal or Zip Code:: 1005  
Country:: NEW ZEALAND  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: NEW ZEALAND  
Given Name:: GORDON WILLIAM  
Family Name:: REWCASTLE  
City of Residence:: GLENDOWIE  
State or Prov of Residence:: AUCKLAND  
Country of Residence:: NEW ZEALAND  
Street:: 72 ESPERANCE ROAD  
City:: GLENDOWIE  
State or Province:: AUCKLAND  
Postal or Zip Code:: 10  
Country:: NEW ZEALAND  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: HUIFEN  
Family Name:: CHEN  
City of Residence:: PLYMOUTH  
State or Prov of Residence:: MI  
Country of Residence:: UNITED STATES  
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City:: PLYMOUTH  
State or Province:: MI  
Postal or Zip Code:: 48170  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: NEW ZEALAND  
Given Name:: BRIAN DESMOND  
Family Name:: PALMER  
City of Residence:: WEST HARBOUR  
State or Prov of Residence:: AUCKLAND  
Country of Residence:: NEW ZEALAND  
Street:: 9 MONET GROVE  
City:: WEST HARBOUR  
State or Province:: AUCKLAND

**Application Data Sheet**  
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Postal or Zip Code:: 1008  
Country:: NEW ZEALAND  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: NEW ZEALAND  
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Family Name:: SUTHERLAND  
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State or Prov of Residence:: AUCKLAND  
Country of Residence:: NEW ZEALAND  
Street:: 47 ONEDIN PLACE  
City:: TITIRANGI  
State or Province:: AUCKLAND  
Postal or Zip Code:: 1008  
Country:: NEW ZEALAND  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: NEW ZEALAND  
Given Name:: JULIE ANN  
Family Name:: SPICER  
City of Residence:: PAKURANGA HEIGHTS  
State or Prov of Residence:: AUCKLAND  
Country of Residence:: NEW ZEALAND  
Street:: 9 DOWNSVIEW ROAD  
City:: PAKURANGA HEIGHTS  
State or Province:: AUCKLAND  
Postal or Zip Code::  
Country:: NEW ZEALAND

**Correspondence Information**

Correspondence Customer Number:: 28880

**Representative Information**

Representative Customer Number:: 28880

**Assignee Information**

Assignee Name:: Warner-Lambert Company LLC

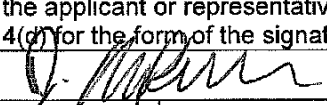
Application Data Sheet  
PC32216A  
Androgen Modulators

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is	An application claiming the benefit under 35 USC 119(e)	60/554510	03/19/04
This application is	An application claiming the benefit under 35 USC 119(e)	60/630777	11/23/04

**A 371 of International::**    **Application number::**    **Filing Date::**  
PCT/IB2005/000596    03/07/05

**SIGNATURE:**

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.		
Signature		Date: (YYYY-MM-DD) 9/13/2006
First Name: J. Michael	Last Name: Dixon	Registration No. 32,410

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.